

WISCONSIN MEDICAID COMPOUND DRUG CLAIM COMPLETION INSTRUCTIONS

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients. Although these claim instructions refer to Medicaid recipients, these instructions also apply to BadgerCare recipients and SeniorCare participants.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. The Compound Drug Claim form is used by Wisconsin Medicaid, and is mandatory when submitting paper claims for compound drugs. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

To avoid denial or inaccurate claim payment, use the following claim form completion instructions. Enter all required data on the claim form in the appropriate element. Do not include attachments unless instructed to do so. All elements are required unless "optional" or "not required" is indicated.

Wisconsin Medicaid recipients receive a Medicaid identification card upon being determined eligible for Wisconsin Medicaid. Always verify a recipient's eligibility before providing nonemergency services by using the Eligibility Verification System (EVS) to determine if there are any limitations on covered services and to obtain the correct spelling of the recipient's name. Refer to the Provider Resources section of the All-Provider Handbook or the Medicaid Web site at www.dhfs.state.wi.us/medicaid/ for more information about the EVS.

Note: Submit claims for nondrug items, such as clozapine management services, disposable medical supplies, durable medical equipment, and enteral nutrition products, on the CMS 1500 claim form or 837 Health Care Claim: Professional transaction (837P) using nationally recognized five-digit procedure codes.

SECTION I — PROVIDER INFORMATION

Element 1 — Name — Provider

Enter the name of the billing provider.

Element 2 — Wisconsin Medicaid Provider Number

Enter the billing provider's eight-digit Medicaid provider number.

Element 3 — Address — Provider

Enter the address, including the street, city, state, and Zip code of the billing provider.

Element 4

Do not write in this space. This element is reserved for future Medicaid use.

SECTION II — RECIPIENT INFORMATION

Element 5 — Cardholder Identification Number — Recipient

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters.

Element 6 — Name — Recipient (Last, First, Middle Initial)

Enter the recipient's name from the recipient's Medicaid identification card. Use the EVS to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 7 — Date of Birth — Recipient

Enter the recipient's date of birth in MM/DD/YY format (e.g., May 21, 1980, would be 05/21/80) or in MM/DD/YYYY format (e.g., July 14, 1953, would be 07/14/1953).

Element 8 — Sex — Recipient

Enter "0" for unspecified, "1" for male, and "2" for female.

SECTION III — CLAIM INFORMATION

Element 9 — Prescriber Number

Enter the nine-character Drug Enforcement Agency (DEA) number of the prescribing provider. This number must be two alpha characters followed by seven numeric characters. If the DEA number cannot be obtained or the prescriber does not have a DEA number, use one of the following default codes:

XX5555555 — Prescriber's DEA number cannot be obtained.

XX9999991 — Prescriber does not have a DEA number.

These codes must *not* be used for prescriptions for controlled substances.

Element 10 — Date Prescribed

Enter the date shown on the prescription in MM/DD/YY or MM/DD/YYYY format.

Element 11 — Date Filled

Enter the date that the prescription was filled or refilled in MM/DD/YY or MM/DD/YYYY format.

Element 12 — Refill

Enter the refill indicator. The first two digits of the refill indicator is for the refill being billed. This must be "00" if the date prescribed equals the date filled. The second element is the total refills allowed (e.g., the second refill of a six-refill prescription would be "02/06.") A nonrefillable prescription would be "00/00." Enter "99" in the second element if the prescription indicates an unlimited number of refills.

Element 13 — Days' Supply

Enter the estimated days' supply of tablets, capsules, fluid cc's, etc., that has been prescribed for the recipient. This must be a whole number greater than zero (e.g., if a prescription is expected to last for five days, enter "5").

Note: Days' supply is not the duration of treatment, but the expected number of days the drug will be used.

Element 14 — Quantity Dispensed

Enter the metric decimal quantity reflecting the total number of compound units dispensed.

Note: The quantity may not always equal the total of compound ingredient quantities.

Element 15 — Prescription Number

Enter the prescription number for the entire compound.

Element 16 — PT LOC

Enter the appropriate two-digit National Council for Prescription Drug Programs (NCPDP) patient location code for each drug billed.

Code	Description
00	Not Specified
01	Home
04	Long Term/Extended Care
07	Skilled Care Facility
10	Outpatient

Element 17 — Diagnosis Code

This element is required when billing for any drug within the compound in which Wisconsin Medicaid requires a diagnosis. Enter a diagnosis code from the *International Classification of Diseases, Ninth Revision, Clinical Modification* coding structure in this element. Refer to the Covered Services and Reimbursement section of the Pharmacy Handbook for more information.

Element 18 — Level of Effort

Enter the NCPDP level of effort code from the following list that corresponds with the time required to prepare the compound.

Code	Description
11	Level 1 (0-5 minutes)
12	Level 2 (6-15 minutes)
13	Level 3 (16-30 minutes)
14	Level 4 (31-60 minutes)
15	Level 5 (More than 60 minutes)

SECTION IV — COMPOUND INGREDIENTS

Indicate up to 25 compound ingredients using the following guidelines:

Ingredient NDC	Indicate the 11-digit National Drug Code (NDC) for the item being billed. (Use the NDC indicated on the product.)
Ingredient Quantity	Indicate the exact fractional metric quantity for the component ingredient used in the compound. Quantity billed should be rounded to two decimal places (i.e., nearest hundredth).
Ingredient Cost	Indicate the cost for the component ingredient used in the compound. The charge should represent the provider's usual and customary fee for the compound component.

Element 19 — Prior Authorization Number

This element is required when any drug within the compound requires prior authorization (PA). Enter the seven-digit number from the approved PA form in Element 19. Do not attach a copy of the PA to the claim.

Element 20 — Other Coverage Code

Wisconsin Medicaid is usually the payer of last resort for Medicaid-covered services. (Refer to the Coordination of Benefits section of the All-Provider Handbook for more information.) Prior to submitting a claim to Wisconsin Medicaid, providers must verify whether a recipient has other health insurance coverage (e.g., commercial health insurance, HMO, or Medicare).

If a recipient has Medicare and other insurance coverage, the provider is required to bill both prior to submitting a claim to Wisconsin Medicaid. Enter one of the NCPDP other coverage (OC) codes that best describes the recipient's situation.

Value	Description
0	Not specified
1	No other coverage identified
2	Other coverage exists — payment collected
3	Other coverage exists — this claim not covered
4	Other coverage exists — payment not collected
5	Managed care plan denial
6	Other coverage denied — not a participating provider
7	Other coverage exists — not in effect at time of service

Element 21 — Total Charges

Enter the total charges for this claim.

Element 22 — Other Coverage Amount

When applicable, enter the amount paid by commercial health insurance. This is required when the OC code in Element 20 indicates "2."

Note: Pharmacies may also include the Medicare-paid amount in this field for drug claims that fail to automatically crossover from Medicare to Wisconsin Medicaid within 30 days.

Element 23 — Patient Paid Amount

When applicable on SeniorCare claims, enter the recipient's out-of-pocket expense due to other coverage, including Medicare. Do not enter a recipient's expected copayment for Wisconsin Medicaid or SeniorCare.

Element 24 — Net Billed

Enter the balance due by subtracting any other insurance amount and patient paid amount from the amount in Element 21.

Element 25 — Certification

The provider or the authorized representative must sign this element. The month, day, and year the form is signed must also be entered in MM/DD/YY or MM/DD/YYYY format.

Note: The signature may be computer generated or stamped.